THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-015067

STATE FILE NUMBER 23253

FILED APR 20 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY OR TOWN St. Louis	Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis	Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION Chronic Hosp.	Length of stay in 1b 5 mo.	d. STREET ADDRESS 3225 Montgomery (If outside, give location)	Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: John	Middle:	Last: Hannagan	4. DATE OF DEATH Month: 3-30-59	Day	Year		
5. SEX male	6. COLOR OR RACE white	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH Feb. 12-1878	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman	10b. KIND OF BUSINESS OR INDUSTRY Municipal	11. BIRTHPLACE (City and state or country) Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME James F. Hannagan	13b. MOTHER'S MAIDEN NAME Elizabeth	14. NAME OF HUSBAND OR WIFE Agnes Craden Hannagan					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. J. Jines 3632 a McRee (Address)					

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Lymphocytic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 5 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) 204.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Terminal Bronchopneumonia - 2 wks.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION / COUNTY / STATE	

21. I attended the deceased from 10-28-58 to 3-30-59 and last saw her/him alive on 3-30-59

Death occurred at 6:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John W. Beckham, M.D.	22b. ADDRESS 5800 Arsenal	22c. DATE SIGNED 3/31/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-2-59	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) St. Louis Missouri (State)
24. FUNERAL DIRECTOR Thomas J. Finan	ADDRESS 1519 S. Grand	25. DATE RECD. BY LOCAL REG. APR 1 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D. S.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 3408

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.